

5890
(date)

From: [Order Issuing Authority - Operational Commander]
To: [Auxiliarist's full name and member number], USCGAUX

Subj: ACKNOWLEDGMENT OF AUXILIARY DAMAGE CLAIM

1. Initial notification of damage to your facility on (date) while executing patrol order number _____, issued by this command, is acknowledged. The Coast Guard desires that all auxiliary operational facilities be returned to service as soon as possible; however, before the repair process can begin, the Coast Guard should be provided the opportunity to visually inspect the damage and you should provide certain factual information concerning the accident.
2. I have assigned _____ as Investigating Officer for your claim. He [or she] will contact you in the very near future to arrange an inspection of the damage to your facility. Additionally, if you have any questions or require assistance, please contact him/her at () _-__.
3. Complete the Claim for Loss or Damage to an Auxiliary Facility Form (enclosure (1)) in detail. Sign and date where indicated on the last page of the form. **ATTACH ALL DOCUMENTATION REQUIRED BY THE FORM.** When you have completed the form, return it and your original patrol orders to this command in the enclosed pre-addressed 11x13 inch envelope.
4. **DO NOT begin repairs to your facility until authorized to do so.** Failure to heed this advice could jeopardize your entitlement to Coast Guard reimbursement for damages.
5. Once repairs are authorized, they should be completed as expeditiously as possible. When repairs are completed, prepare the Report of Completion of Repairs (enclosure (2)) and return it to this command in the attached pre-addressed business-size envelope with the original repair invoice or receipt marked "PAID". Your damage claim file cannot be closed until this action has been completed.

NAME
RANK, U. S. Coast Guard
TITLE

Encl: (1) Auxiliary Damage Claim Form
(2) Report of Completion of Repairs (form letter)
(3) Pre-addressed envelope (large)
(4) Pre-addressed envelope (small)

Copy: CGD ____ () DIRAUX

AUXILIARY FACILITY LOSS OR DAMAGE CLAIM WORKSHEET

PART I - INSTRUCTIONS:

| |
|---|
| 1. Report Damage or Loss to your Operational Commander within 24 hours. |
| 2. Report Damage to Director of Auxiliary Office within 48 hours. |
| 3. Review Damage Claim Procedures in enclosure (1) to MLCLANTINST 5890.3A (Auxiliary Claims Handbook). |
| 4. Print or Type all required information (use additional sheets as necessary) |
| 5. Read Privacy Act Statement in PART XI before completing this worksheet. |
| 6. Submit this form along with all supporting documents to DIRAUX via your Operational Commander (claim should be submitted within 6 months from date of damage unless good cause is shown for delay). |

PART II - CLAIMANT AND FACILITY INFORMATION:

| | | |
|---|----------------|----------|
| NAME: | SSN: | |
| STREET: | MEMBER NUMBER: | |
| CITY: | STATE: | ZIP: |
| FACILITY NAME: | TELEPHONE: | |
| ARE YOU CURRENTLY ENROLLED IN DIRECT DEPOSIT? | YES _____ | NO _____ |
| IF NOT ENROLLED IN DIRECT DEPOSIT, PLEASE ATTACH A COPY OF A CHECK MARKED "VOID". | | |

PART III - TIME AND PLACE OF LOSS:

| | | | |
|---|---------------|---------------------------------------|--------|
| DATE: | TIME: | PATROL AREA: | GROUP: |
| LOCATION (latitude/longitude or distance from nearest point of land or light) | | | |
| COURSE (TRUE) | SPEED (KNOTS) | APPROX TIME SINCE LAST COURSE CHANGE: | |

PART IV - WEATHER CONDITIONS:

| | | | | |
|--------------------------------------|----------------|---------------------|-------------------------|-----------|
| CLEAR _____ | RAIN _____ | PARTLY CLOUDY _____ | OVERCAST _____ | FOG _____ |
| LIGHTING CONDITIONS: | DAYLIGHT _____ | NIGHT _____ | DUSK/DAWN _____ | |
| SEAS (feet): | WIND (knots): | VISIBILITY (miles): | TIME OF LAST HIGH TIDE: | |
| WERE SMALL CRAFT WARNINGS IN EFFECT? | YES _____ | NO _____ | UNKNOWN _____ | |

PART V - DAMAGE TO AUXILIARY FACILITY

| | | |
|-------------------------------------|---------------------------------|----------------------------------|
| TYPE OF LOSS OR DAMAGE ("X" ONE) | DAMAGE to Facility _____ | DAMAGE to Equipment _____ |
| | LOSS of Facility _____ | LOSS of Equipment _____ |

DESCRIBE INCIDENT IN DETAIL, INCLUDING ACTION TAKEN BY CREW MEMBERS OF FACILITIES INVOLVED AND THE SPECIFIC IDENTIFIABLE PATROL CAUSE THAT CAUSED THE LOSS OR DAMAGE (USE SEPARATE SHEET OR ATTACH DIAGRAM TO SHOW DETAILS IF NEEDED):

DESCRIBE LOSS OR DAMAGE IN DETAIL:

DESCRIBE ANY TEMPORARY REPAIRS MADE TO FACILITY:

IF CLAIM IS FOR LOSS OF EQUIPMENT, DESCRIBE HOW THE EQUIPMENT WAS USED DURING THE ASSIGNED PATROL:

PART VI - DAMAGE TO OTHER FACILITIES/PROPERTY:

| | | | |
|---|--|------------------------------------|---------|
| WERE OTHER AUXILIARY FACILITIES DAMAGED? | | YES ____ | NO ____ |
| If yes: NAME OF FACILITY OWNER | | ADDRESS (street, city, state, zip) | |
| FACILITY NAME/NUMBER: | | | |
| WAS OTHER PROPERTY DAMAGED (other vessel, wharf, bridge, etc.)? | | YES ____ | NO ____ |
| IF YES: NAME OF OWNER: | | ADDRESS (street, city, state, zip) | |
| DESCRIBE TYPE OF PROPERTY AND DAMAGE: | | | |

PART VII - WITNESSES (other facilities/persons on scene):

| | | |
|---|------------------------------------|----------------------|
| CREW MEMBERS PRESENT AT TIME OF LOSS OR DAMAGE: | | |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |

PART VII - WITNESSES (continued):

| | | |
|---|------------------------------------|----------------------|
| OTHER WITNESSES (attach additional sheets if needed): | | |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |
| NAME: | ADDRESS (street, city, state, zip) | AUXILIARY MEMBER NO. |

PART VIII - INSURANCE:

| | | | |
|---|--------------------|--------------------------|-------------|
| NAME AND ADDRESS OF INSURANCE COMPANY (STREET, CITY, STATE, ZIP): | | | |
| POLICY NUMBER: | TYPE OF COVERAGE: | POLICY LIMITS: | DEDUCTIBLE: |
| HAVE YOU FILED A CLAIM WITH YOUR INSURER? | | YES _____ | NO _____ |
| AMOUNT CLAIMED: \$ | AMOUNT PAID: \$ | PRESENT STATUS OF CLAIM: | |

PART IX - INSPECTION OF DAMAGE BY COAST GUARD

| | | |
|--|-----------|----------|
| WAS LOSS/DAMAGE REPORTED TO ORDER ISSUING AUTHORITY? | YES _____ | NO _____ |
| TIME AND DATE OF REPORT : | | |
| WAS A PHYSICAL INSPECTION MADE? | YES _____ | NO _____ |
| INSPECTED BY (Name, Title, Unit, Telephone) | | |
| DATE OF INSPECTION: | | |

PART IX - INSPECTION OF DAMAGE BY COAST GUARD (continued)

DESCRIPTION OF DAMAGE:

SIGNED:

PART X - SUBSTANTIATION OF CLAIM:

AMOUNT CLAIMED: (Normally amount of lower estimate; if not, give reasons on separate page)

\$ _____

ESTIMATE NO. 1: \$ _____

ESTIMATE NO. 2 \$ _____

1. ATTACHED ITEMIZED AND SIGNED ESTIMATES OF REPAIR OR REPLACEMENT COST. **NOTE:** IF THE AMOUNT CLAIMED IS OVER \$200, TWO ESTIMATES SHOULD BE PROVIDED. IF TWO ESTIMATES COULD NOT BE OBTAINED, GIVE THE REASON(S) WHY IN THE SPACE BELOW.

2. IF CLAIM IS FOR TOTAL LOSS OF FACILITY/EQUIPMENT OR ESTIMATED REPAIR COST EXCEEDS THE FAR MARKET VALUE BEFORE DAMAGE LESS SALVAGE VALUE, ATTACH COPY OF ORIGINAL SALES DOCUMENTS AND ESTIMATE OF SALVAGE VALUE

REASON WHY TWO ESTIMATES WERE NOT OBTAINED:

IF I RECEIVE PAYMENT FROM AN INSURANCE CARRIER FOR ANY DAMAGE CLAIMED HEREIN AFTER THIS CLAIM IS SUBMITTED, I AGREE TO PROMPTLY NOTIFY MLC ATLANTIC (LC).

_____ (Initials)

I FURTHER AGREE THAT ANY AMOUNT I RECEIVE FROM AN INSURANCE CARRIER MAY BE DEDUCTED FROM MY CLAIM AND, IF I HAVE RECEIVED PAYMENT FROM THE UNITED STATES, I AGREE TO IMMEDIATELY PAY TO THE UNITED STATES ANY AMOUNTS THAT EXCEED THE AMOUNT DEDUCTED FROM THE CLAIM BY THE UNITED STATES FOR INSURANCE PROCEEDS.

_____ (Initials)

SIGNATURE OF AUXILIARIST:

DATE:

SIGNATURE OF FACILITY OWNER: (IF OTHER THAN AUXILIARIST)

DATE:

TITLE 18 UNITED STATE CODE SECTION 287 PROVIDES FOR A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT OF FIVE YEARS OR BOTH TO PERSONS MAKING FRAUDULENT CLAIM OR FALSE STATEMENTS

NOTE: Remember to attach a copy of your Operational Orders, estimate(s) or copies of original sales documents, and other supporting documents.

PART XI - PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD IN CONNECTION WITH THIS CLAIM:

1. Authority which authorized the solicitation of the information: 14 USC § 830
2. Principal purpose(s) for which information is intended to be used: To process a claim against the government for loss or damage to Auxiliary facility or equipment.:
3. The routine uses which may be made of the information: Information is used in the adjudication and payment of claims.
4. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of the information is voluntary, but failure to provide any or all of the information may result in nonpayment of the claim.

5890
(date)

From: _____, USCGAUX
[Auxiliarist's full name and member number]

To:
[Order issuing Authority - Operational Commander]

Subj: REPORT OF COMPLETION OF REPAIRS

1. All damage, described in my damage claim dated _____, has been satisfactorily repaired. Attached is the repair invoice (receipt), marked "PAID," received from the repair facility.

(Signature of Auxiliarist)

Encl: (1) "PAID" Repair Invoice (receipt) in the amount of \$____.____